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February 23, 2005

To:

Examiner Sumesh Kaushal, Ph.D.

Fax:

571-273-8300

U.S. Patent and Trademark Office

Voice:

571-272-0769

From:

Elie H. Gendloff, Ph.D., Esq.

ARE

Re:

U.S. Patent Application No. 10/067,146

Title: TYPE I INTERFERON-PRODUCING CELLS AND USES THEREOF

(50425.191)

Prepd. by:

EHG

Return to:

EHG

No. of pages including cover:

Dear Examiner Kaushal:

As we discussed on the telephone, here are the Powers of Attorney for the aboveidentified case. I will call you next week to arrange a telephonic interview.

Sincerely,

Reg. No. 44,704

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/067,146
	Filing Date	February 4, 2002
	First Named Inventor	Frederick P. Siegal
	Title	TYPE 1 INTERFERON-PRODUCING CELLS AND USES THEREOF
	Art Unit	1636
	Examiner Name	Sumesh Kaushal, Ph.D.
	Attorney Oneket Number	E04061404

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hereby revoke all previous powers of attorney g	ven in the above-identified application.	DECE!/E
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Applicant/Inventor.		1
Assignee of record of the entire interest. See 37 CFR:	. 71	
Statement under 37 CFR 3.73(b) is enclosed. (Form P	TO/SB/96)	
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Michael Shodell	Date	2/18/05
and Company	Telephone	
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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/067,146	
Filing Date	February 4, 2002	
First Named Inventor	Frederick P. Siegal	
Title	TYPE I INTENT CROMPRODUCING CELLS AND USES THEREOF	
Art Unit	1636	
Examiner Name	Sumesh Kaushal, Ph.O.	
Attorney Docket Number	50425/191	

I hereby revoke all previous powers of attorney gi	iven in the above-identified applicat	tion.			
I hereby appoint:					
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Assignee of record of the entire interest. See 37 CFR	3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form F	PTO/SB/96)				
SIGNATURE of A	Applicant or Assignee of Record				
Signature 2/10	D ₂	ale 2/9/05			
Name Frederick F. Siegal	Tele	ephone			
Title and Company					
NOTE: Signatures of all the inventors or assignees of record of the antim signature is required, see below.	e Interest or their representative(s) are required. S	ubmit multiple forms if more than one			
Total of 2 forms are submitted					

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